



Patient history



Procedure description



Final results



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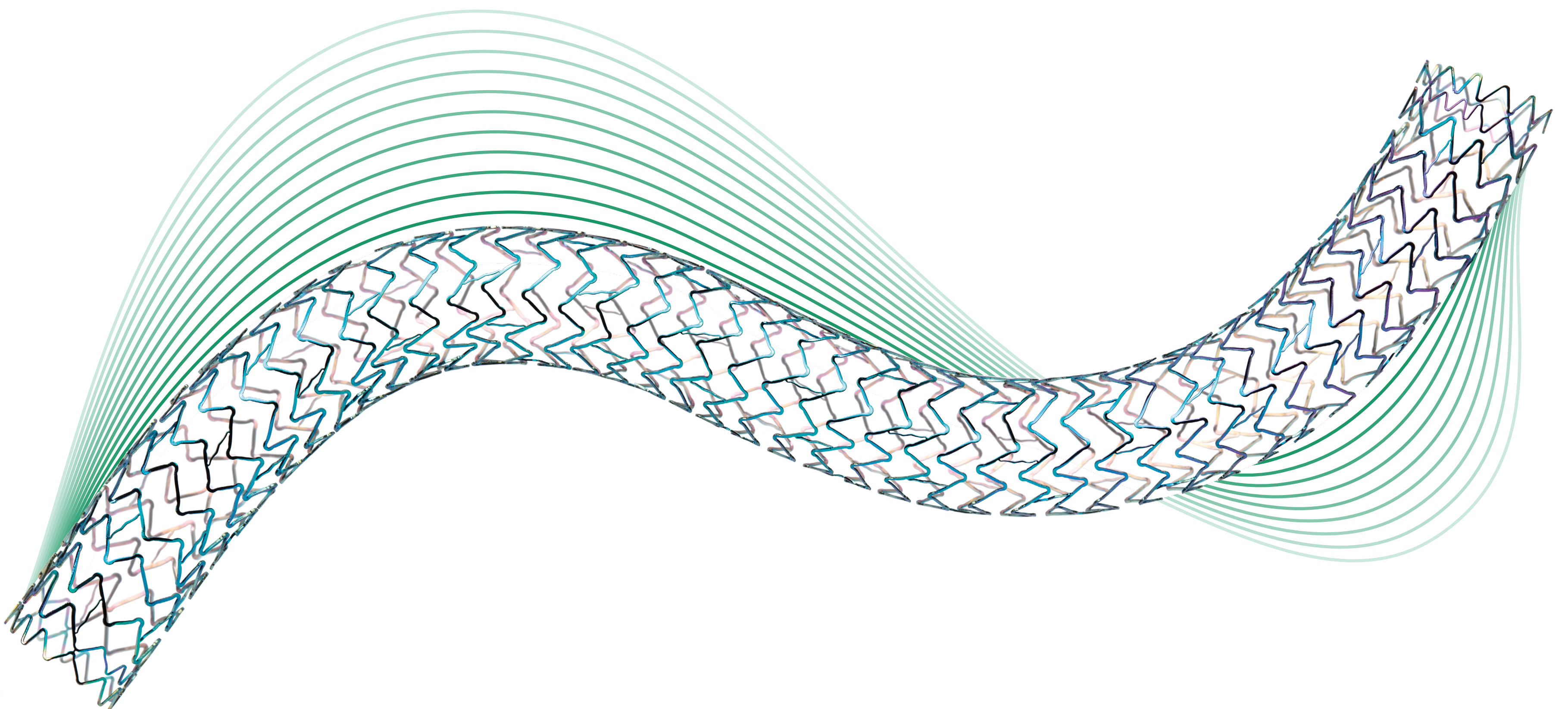
Vascular Intervention // **Peripheral**
Balloon-Expandable Cobalt Chromium
Stent System

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Dynetic[®]-35

Case Report

Bilateral Stenting of High-Grade Iliac Stenoses



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1. Patient history

A 62-year-old man with moderate claudication of the left and right leg was admitted to the angiology department. He complained of pain in his left thigh after 150 meters and in the right thigh after 80 meters. Cardiac risk factors included smoking, hypertension and hyperlipoproteinemia. On duplex ultrasound, high-grade stenoses of the distal left common iliac artery and right distal common iliac artery were diagnosed. Ankle brachial index (ABI) was 0.72 on the left side and 0.65 on the right side. No wounds were present on either extremity.

2. Procedure description

Subsequent diagnostic angiography confirmed a high grade distal common iliac artery stenosis on the left side with diminished outflow (Figure 1) and an 80% stenosis of the right distal common iliac artery reaching the external iliac artery (Figure 2). For recanalization, a crossover approach from the left groin was performed using a 6 F crossover **Fortress**[®] reinforced introducer sheath (BIOTRONIK). An 0.035 inch guidewire easily passed the stenosis. Next, a 3 minute lesion preparation was performed with an 8 x 40 mm **Passeo**[®]-35 angioplasty balloon (BIOTRONIK) inflated to 10 atm over the length of the lesion on the right side followed by angioplasty of the left common iliac artery stenosis. Subsequent angiographic analysis revealed a residual stenosis after lesion treatment on both sides (Figure 3, left side shown). It was decided to proceed with bailout stent implantation using the new 6 F compatible **Dynetic**[®]-35 balloon-expandable cobalt chromium stent system (8 x 38 mm, BIOTRONIK) on both sides. Both stents easily tracked to the target lesions and were implanted with 8 atm to achieve full stent expansion (Figure 4). The **Dynetic-35** stent system's low profile design and low crossing profile offers excellent deliverability. Despite the thin 140 µm stent struts, the stent has a high radial strength while offering superb flexibility.



Fig. 1

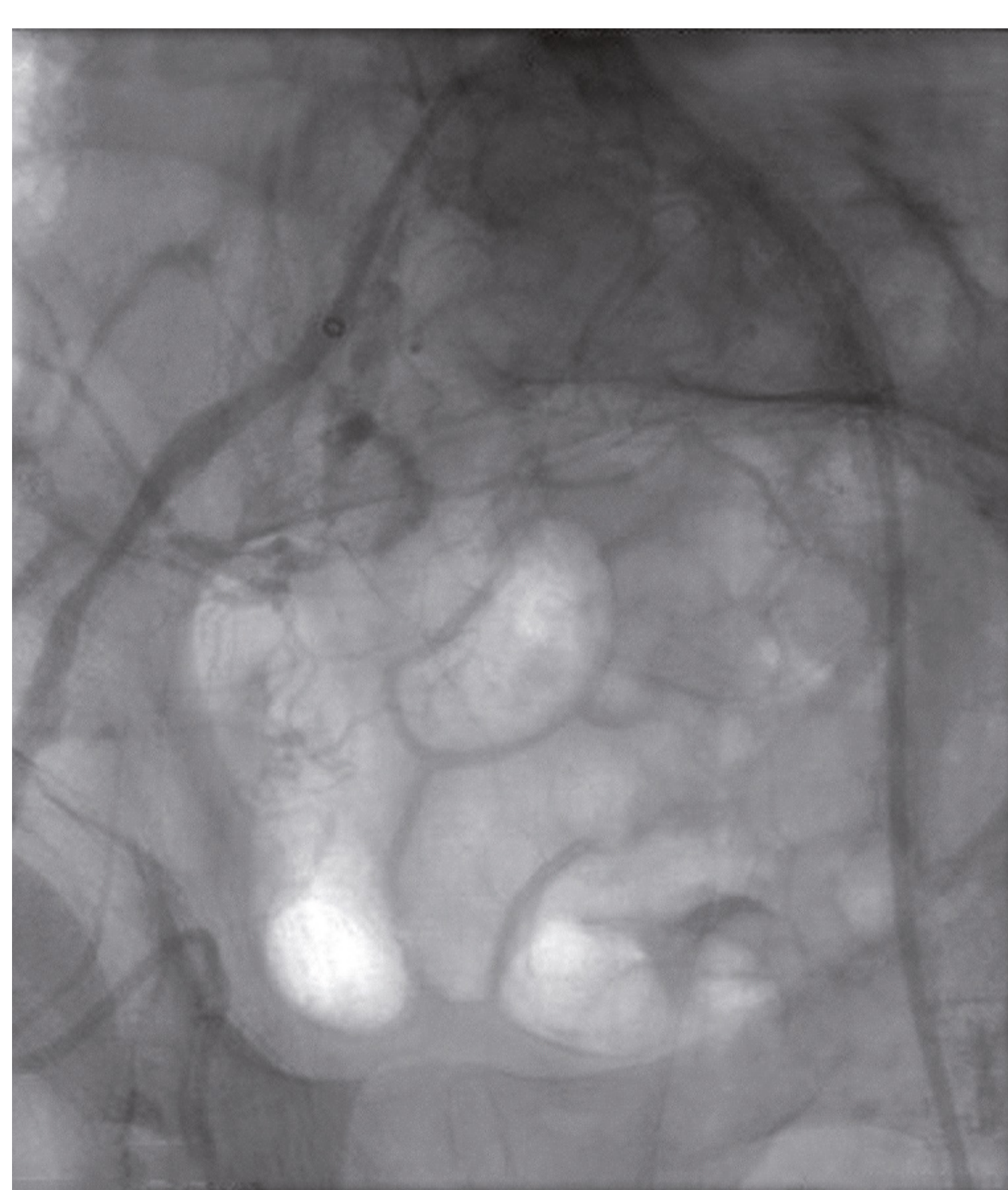


Fig. 2



Fig. 3

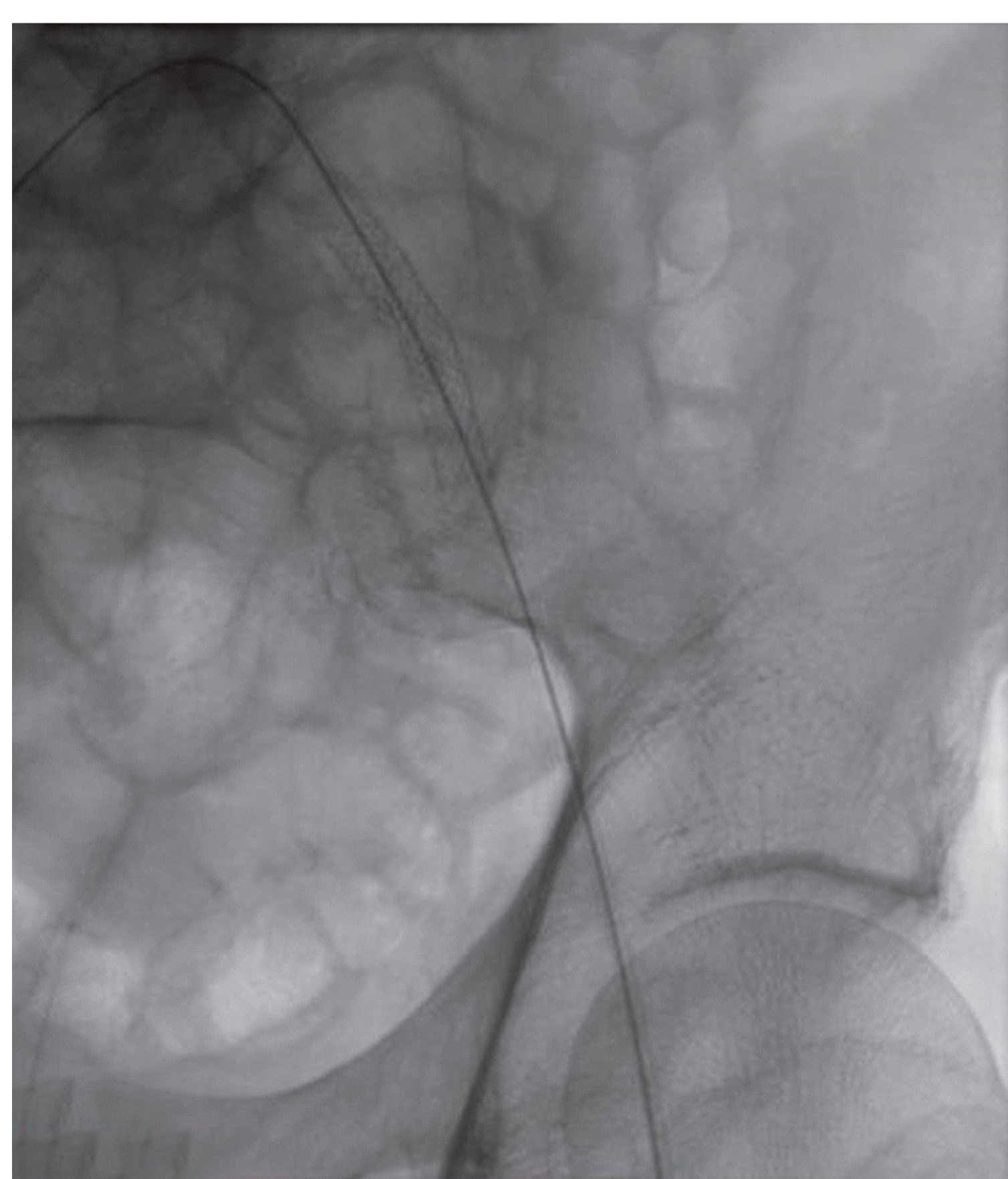


Fig. 4

3. Final results and conclusion

After implantation of the **Dynetic-35** stents, brisk flow was seen within the full length of both target lesions (Figure 5, left side shown) and there was straight flow into the femoral arteries on both sides. Follow-up examination of the patient the next day showed an ABI of 0.9 on the left and right side and a significant improvement in pain-free walking distance with no pain in the target limb on treadmill test after 500 meters.



Fig. 5

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